Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: 01 B. WING HAL069001 03/16/2016 NAME OF PROVIDER OR SUPPLIER. STREET ADDRESS, CITY, STATE, ZIP CODE 22 MAGNOLIA WAY THE GARDENS OF PAMLICO GRANTSBORO, NC 28529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Frank Strickland and Greg Cates on 03/16/2016: Information obtained from the DHSR database indicates that this facility was licensed on 12/23/1996. Based on this information, we are requiring the facility to meet the 1996 North Carolina State Building Code Volume I General Construction Reference Section 409.1 Group I -Unrestrained, the 1994 Rules for the Licensing of Adult Care Homes, and applicable portions of the 2005 Regulations for Adult Care Homes. FACILITY IS LICENSED FOR FORTY BEDS (12) BED SCU). Deficiencies have been cited and a Plan of Correction is required. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(XB) DATE

STATE FORM

6890

Mistey Lewis, Executive Director

If continuation sheet 1 of 6

PRINTED: 03/23/2016 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL069001 03/16/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 22 MAGNOLIA WAY THE GARDENS OF PAMLICO GRANTSBORO, NC 28529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 101 Continued From page 1 C 101 This Rule is not met as evidenced by: 1-Based on observations, this facility has not maintained the measures for the Special Locking (magnetic locks) on the exit doors as allowed by Section 1012.6 of the 1996 NC State Building Code. Section 1012.6.1. 4. F. requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings on 03/16/2016: The required emergency release switch located at each magnetically locked exit door was of the The emergency release switch located at each locking type with keyed switching that all staff in magnetically locked exit door was of the locking 4/5/16 the SCU were not carrying. Of the several staff type with keyed switching that all staff in the SCU interviewed, none carried release switch keys. All were not carring is now carring a key at all times while on duty. staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors: (3) have furniture clean and in good repair: (e) This Rule shall apply to new and existing facilities.

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This Rule is not met as evidenced by: 1-Based on Observation, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL069001 B. WING 03/16/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 22 MAGNOLIA WAY THE GARDENS OF PAMLICO GRANTSBORO, NC 28529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 164 Continued From page 3 C 164 cooking appliances. Findings on 03/16/2016: The ansul spray nozzles are not directed on the The ansul spray nozzles are not directed on the gas burners but more towards the floor surface at the front of the stove due to stove placement 4/1/16 gas burners but more towards the floor surface at has been reparied. the front of the stove due to stove placement. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing. facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observations, the facility emergency illumination and exit signage has not been maintained in a safe manner. This would affect all residents, staff and visitings guests by not providing illumination in the paths of egress in the event of an emergency. Findings on 03/16/2016: The emergency lighting fixtures did not illuminate when tested on the emergency mode The emergency lighting fixtures did not illuminate locate in the Activity Room and Med Room-Blue when tested on the emergency mode located in Wing. The exit signs are not illuminated at the the Activity Room and Med Room-Blue Wing. The Memory Care interior entrance door and Dining exit signs are not illuminated at the Memory Care Hall will be repaired. interior entrace door and Dining Hall. Estimated Completion date - 4/21/16. 2-Based on observation, the facility has not maintained in a safe manner by improper storage of oxygen cyclinders. This could affect all

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| STATEMENT OF DEFICIENCIES  |   | (X1) PROVIDER/SUPPLIER/CLIA  | (X2) MULTIPLE CONSTRUCTION |  | (X3) DATE SURVEY          |  |
|--|---|--|----------------------------|--|---------------------------|--|
| AND PLAN OF CORRECTION   |   | IDENTIFICATION NUMBER:   | A. BUILDING: 01            |  | COMPLETED                 |  |
|  |   |  |                            |  |                           |  |
|  |   | HAL069001  | B. WING                    |  | 03/16/2016                |  |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE |   |  |                            |  |                           |  |
| THE GARDENS OF PAMLICO 22 MAGNOLIA WAY GRANTSBORO, NC 28529        |   |  |                            |  |                           |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)   | N SHOULD BE COMPLETE DATE |  |
| C 189  | Continued From page 4   |  | C 189                      |  |                           |  |
| 7,77   | residents and staff by potentially exposing them to hazards for a ruptured ruptured cyclinder.  |  | 0.00                       |  |                           |  |
|  | Findings on 03/16/2016:<br>There oxygen bottles being stored in Room 201<br>and Med Room-Blue Wing not in racks.  |  |                            | The oxygen bottles being stored in Ro<br>Med Room-Blue Wing are in racks.  | om 201 and 3/17/16        |  |
|  | protection equipme  | ations, the facility fire<br>nt was not maintained in a<br>wing openings in the fire rated<br>ly.  | ,                          |  |                           |  |
|  | Findings on 03/16/2016: The entire sprinkler supply piping had been stepped on in the attic which lead to all of the sprinkler heads to have dropped escutcheons and openings in the sheet-rock ceiling at each head penetration that are located in the Blue Wing Hall and Storage Closet. |  |                            | The entire sprinker supply piping had been stepped on in the attic which lead to all of the sprinker heads to have dropped escutcheons and openings in the sheet-rock ceiling at each head penetration that are located in the Blue Wing Hall and Storage Closet will be repaired.  Estimated Completion date - 4/21/16. |                           |  |
|  | 4-Based on observe<br>maintained the plur<br>bathing.   | ation, the facility has not<br>nbing fixtures for personal   |                            |  |                           |  |
|  |   | acuum breakers installed at<br>ning sinks and Central Bath   |                            | Vacuum breakers will be installed at th<br>Salon hair washing sinks and Central in<br>in the Blue Wing.<br>Estimated Completion date - 4/21/16.  |                           |  |
|  | maintained in a saft<br>because the noted<br>preventing the cont<br>from the room of or   | ation, the facility has not<br>e and operating condition<br>interior doors do not latch<br>ainment of fire and/or smoke<br>rigin. This could affect all<br>in the event of a fire. |                            |  |                           |  |
|  | Findings on 03/16/2<br>The door latching h<br>following interior do<br>(a) Central Bath-Me  | ardware is damaged for the<br>ors:   |                            | The door latching hardware that was of<br>the Central Bath- Memory Care and C<br>Bath-Blue Wing will be repaired.<br>Estimated Completion date - 4/21/16.  |                           |  |

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL069001 B. WING 03/16/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 22 MAGNOLIA WAY THE GARDENS OF PAMILICO GRANTSBORO, NC 28529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 Continued From page 5 C 189 (b) Central Bath-Blue Wing 6-Based on observation, the facility has not maintained in a safe and operating condition because the noted interior doors were not closed to prevent the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire. Findings on 03/16/2016: The following fire-rated doors were wedged open: The fire-rated doors that were wedged opened in (a) Soiled Linen entry door into Main Laundry the Soiled Linen door into Main Lanudry Room 3/16/16 and Kitchen entry door from Dining hall will remain shut unless in use by staff. (b) Kitchen entry door from Dining Hall